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Contribution à l'étude de l'Écriture en miroir, par A. LAPRADE. Ollier, Paris, 1905. pp. 58.

If, as has been claimed, mirror writing is the normal chirography of left-handed persons, the subject is closely allied to the dual functions of the brain. The most famous mirror writer in history was Leonardo da Vinci, but this was acquired, as, according to De Beatis, he suffered from paralysis of the right arm. Mirror writing is frequently found in idiots and imbeciles with right hemiplegia or monoplegia and it is not uncommon among left-handed school children. It has been pointed out, that if right-handed persons be asked to write with the left hand with closed eyes, the writing is normal and from left to right and not of the mirror type, thus showing that our memories of letters are visual and not motor. In that writing which goes normally from right to left, as in Hebrew and modern Arabic, the letters seem naturally adapted for this direction. Laprade, in a short monograph, has renewed this interesting question and given abstracts of all the published cases, together with a personal observation, and there is appended a complete bibliography. Pathologically, mirror writing is found to occur in hemiplegia with focal disturbances of reading, writing, and speech, melancholia, hysteria and imbecility. In a case of mirror writing in an imbecile, the patient learned to write before learning to read, and there was, therefore, no means of correcting the error. In the writer's case, in a right-handed man who developed mirror writing following the forced disuse of the right hand as a consequence of a hemiplegia, there was found at autopsy a lesion of the anterior two-thirds and knee of the internal capsule with degeneration of the pyramidal tract and of the facial and hypoglossal bundles. Of course this has no genetic bearing upon the clinical findings.

A Text Book of Psychiatry, by LEONARDO BIANCHI. Authorized translation from the Italian by James H. McDonald. Balliere, Tindall and Cox, London, 1906. pp. xv+904.

Professor Bianchi's "Trattato di Psichiatria" represents the high water mark of Italian psychiatry. It will be welcomed in its English dress if for no other reason than that its system of classification represents a protest against the mental epidemic of Kraepelinism that is sweeping over America. Asylum physicians have bolted Kraepelin whole, without that mental digestion which is the result of independent thinking, and as a result they attempt to force every form of mental disease into Kraepelin's classification. It is unfortunate that Wernicke remains so little known, believing as he does, that in the present state of our knowledge of psychiatry, we are warranted in making only a symptomatological diagnosis, and that we possess but few clinical entities, *e. g.*, general paralysis, the febrile and toxic psychosis, and the insanities of defective development.

The fundamental principles of the tendencies of various classifications in psychiatry is of interest. The older alienists based their classification on the emotional tone of the patient, and thus arose the much abused terms of mania and melancholia; Kraepelin bases his work on the prognosis of the disease process alone; Wernicke, on a hypothetical cerebral localization; Ziehen, on an association psychology; Bianchi on purely etiological considerations. Personal factors, studies in organic brain affections, pathological anatomy, experiments with drugs in producing artificial mental states, association measured with instruments of precision, have all, in the training of the various exponents of psychiatric classification, been the contributing factors from which latter evolved each individual system of psychiatry. The ideal can only be arrived at by a harmonious blend-

ing of all these criteria, a point not yet reached by any of the various systems proposed. But after all, mere classification is not the complete word or the final salvation; the minute analysis of all clinical symptoms should be the effort of every worker in psychiatry, for at present, psychiatry is in the old position of internal medicine before the advent of an accurate pathological anatomy, when many acute diseases were grouped under the generic name of "fevers," because of an accompanying elevation of temperature. The analysis of clinical symptoms alone will solve the perplexing problem of mental disorders, and then perhaps a final classification will arise, if such be the end desired, that will stand the test and onslaught of the various clinical manifestations.

Bianchi's book is divided into two portions: the first comprises the gross and minute anatomy of the brain, together with certain psychopathological considerations, the second deals with the special forms of mental disease. The *raison d'être* for the first part, is well stated in the preface. "To-day, in Italy, which has so largely contributed to the progress of the physiology and histology of the nerve centres, we could not understand a book on psychiatry unless all the corollaries drawn from the various sources were utilized in the interpretation of the phenomena of psychic life. The physiology of the brain, on the solid foundations of morphology and histology, constitutes the heart and nutrient vessels of a medical work on psychiatry." Following along this line of argumentation, Bianchi gives a rapid but fairly minute review of the chief facts of brain anatomy and histology, together with the physiology of the central nervous system in general and of the mechanism of speech in particular. He then passes to an elaborate discussion of the physio-pathology of perception, attention, memory, ideation, emotions, sentiments, will and consciousness. One of the best chapters is that on the methods and field of clinical inquiry. Its scheme, though a little forced and artificial and therefore requiring individual adaption to so flexible a subject as mental disorders, is yet a welcome one, if we consider that the future of psychiatry depends more on minute clinical analysis than on pure pathological anatomy, as the latter has yielded little of value except in a few organic affections. This, in spite of the dogmatic assertion of Nissl, that all mental disorders are but the expression of physical lesions of the cortex, for this will not apply to such diseases as hysteria, the psychasthenias and dementia *præcox*. In fact, all anatomical findings in the latter disease are secondary, nothing has been detected which can be looked upon as a primary lesion. The method of Ferrari is used for the mental status and for the purely psychological methods, such as reaction time, measure of attention, association, emotions, and measure of voluntary muscular energy, he makes use of the various methods of laboratory technique. In the functional examination of the nervous system, he directs particular attention to the signs of degeneration, a tendency to be expected in Italy, the home of a scientific criminal anthropology. The classification is the most interesting portion of the book, being based as is claimed, on the greatest number of fundamental criteria, as nosological, etiological and anatomo-pathological. Purely etiological considerations, however, enter largely into a number of his descriptions. He divides mental affections in three groups; the *first* comprising those of evolutionary psycho-cerebral defect, the *second* those disorders of infective, auto-toxic and toxic origin developing in individuals regularly evolved, the *third* comprises those affections with a localized or diffuse organic substratum.

In the *first group* are placed the phrenasthenias, the paraphenias,

various types of delinquency, epileptic, and hysterical insanity, developmental paranoia, fixed ideas and obsessions, neurasthenia and the sexual psychopathies. The phrenasthenias comprise all those forms of defective mental evolution, such as idiocy, imbecility and cretinism, caused by evolutionary defects, diffuse or circumscribed pathological processes or by particular forms of intoxication, especially athyreosis. Under paraphrenias are grouped those defects of cerebral evolution manifesting themselves in eccentricity, originality and extravagances.

Delinquency comprises congenital moral insanity and born, acquired, or impulsive delinquents. Under epileptic insanity, he carefully distinguishes those cortical motor explosions which take place without any disturbance or consciousness. (the tics.) He believes the various types of developmental paranoia to be entities, but excludes the confusional or acute hallucinatory form which leads to amentia or dementia as well as the systematized deliria following melancholia or the acute psychopathies (constitutional paranoid states, melancholia going into a paranoid condition, and the paranoid forms of dementia *præcox*). Like Kraepelin he considers paranoia as a single, uniform disease, but takes no note of fundamental paranoid states as postulated and carefully analyzed by Wernicke, neither does he go to the extreme differentiation of Ziehen, who describes ten forms of paranoia. In the chapter on fixed ideas and obsessions, the observations of the French school are closely followed, while under the sexual psychopathies, the trend in the main is that of Krafft-Ebing.

The *second group* comprises psychopathies arising in individuals with a normally evolved brain. This is divided into two *sub-groups* — the *first* being psychoses of infection and autointoxication — the *second* that of the toxic psychoses, the various forms of drug deliria. In the first sub-group he includes mania, hypomania, exalted-depressive insanity, circular and periodical insanity, sensory insanity, mental confusion, acute paranoia, late paranoia, neurasthenic, choreic and luetic insanity, and acute delirium. Why these diseases should be looked upon as having either an infectious or an auto-toxic etiology, is difficult to see, as recent metabolism experiments along these lines, especially the work of Folin and Coriat on general paralysis and the various phases of manic-depressive insanity have yielded nothing of value, or at least nothing which has any strictly etiological bearing. He believes in a pure mania and melancholia, without periodicity, or at least not included in the province of manic-depressive insanity. If there be the occurrence of a similar or opposite phase later, he is still disinclined to include the attack in this group. He admits, however, that pure mania is a comparatively rare disease. His exalted-depressive insanity includes all that group where both melancholia and mania occur, whatever their order. No mention is made of mixed conditions. This complete variance with the clinical entity of manic-depressive insanity, including the manic, depressed and mixed phases as conceived by Kraepelin, together with a disinclination to accept dementia *præcox* even in its narrowest sense, as will be pointed out latter, is one of the most prominent features of Bianchi's treatise. From the clinical standpoint, the concept of maniac-depressive insanity, completely unifying the old perplexing problems of mania and melancholia, is one of the triumphs of modern psychiatry, and Bianchi's ideas along these lines certainly transcend and contradict all clinical experience. The manic phase with its psychomotor exaltation and flight of ideas, the depressed phase with its psychomotor inhibition and dearth of ideas, the triumph of the concept of the mixed conditions, a peculiar mixture of both states, certainly forms a triad which has stood the test of clinical experience and rigid study,

which after all is the redeeming and consistent feature of any new symptom-group in psychiatry. This, together with involution mel-ancholia and dementia *præcox* in its narrower sense, that is, not as a common dumping ground for all atypical clinical forms of adolescent insanity, are the three diseases of the Kraepelin school, which we can afford to bolt whole. They have already undergone mental digestion by our German confrères. Under sensory insanity he includes amnesia, acute dementia, dementia *præcox*, catatonia, stupor and mental confusion. He looks upon them as mere syndromes, as only a part of the morbid picture, claiming that their onset is always with sensory disturbances, hallucinations, or delirium. He does not believe in elevating this syndrome to a clinical dignity. It may be pertinently asked—why? If an onset with sensory disturbances is to be the determining factor of his "sensory insanity," why does he not include under the group the various febrile and toxic psychoses, or even the paranoic states, for these likewise frequently start with isolated hallucinations or illusions? If, as he claims in a previous portion of the book, he has adopted a classification based upon the greatest number of fundamental criteria, nosological, etiological and anatomo-pathological, why does he postulate a group merely upon the content of sensory disturbances in the onset? The contradiction is very manifest. The entire concept of sensory insanity appears to us to be strained and artificial, and totally contradicted by all clinical study in its broadest sense.

Acute paronia, in its delirious or hallucinatory form, is an acute paranoic state, a paranoic delirium frequently with a mystical content. The late paranoias are really the hypochondriacal paranoic states of involution or senility. In the description of choreic insanity, there is no mention of the grave forms of chorea *insaniens* occurring during pregnancy. Under the *toxic psychoses* of the second subgroup, he includes the mental disturbances of pellagra, alcohol, morphine, cocaine, chloral, lead and carbon monoxide. Alcoholic insanity is given a rather poor clinical description. No mention is made of the exalted or depressive hallucinoses and only a few lines are given to the polyneuritic mental disturbance (Korssakow's disease). Under Saturnine insanity, nothing is said about the lead deliria, or the acute or chronic lead encephalopathies.

Group 3, includes all those diseases which are the expression of known or demonstrable anatomo-pathological alterations of the brain. The descriptions under this group, paralytic dementia, luetic, senile, post-apoplectic, aphasic and traumatic dementia, and the dementia from tumors, scleroses and other organic diseases of the brain, are among the best in the book. The forty-one clinical observations are minute and painstaking, while the illustrations, especially the pathological, leave nothing to be desired.

Histological Studies on the Localization of Cerebral Function, by
ALFRED W. CAMPBELL. University Press, Cambridge, 1905. pp.
360.

These new histological studies on the localization of cerebral function, are in many respects so revolutionary and illuminating, that a rather detailed summary of the work seems justified. The greater part of the research was communicated to the Royal Society of London in 1903, and a full publication was made possible by a grant from this same society. Histological studies of the nervous system can be pushed in three directions; by the study of the brain during development, in conditions of disease, and in the normal state. In this case, the normal human material consisted of three cerebral hemispheres examined for nerve cells and fibres, three for fibres only and two par-